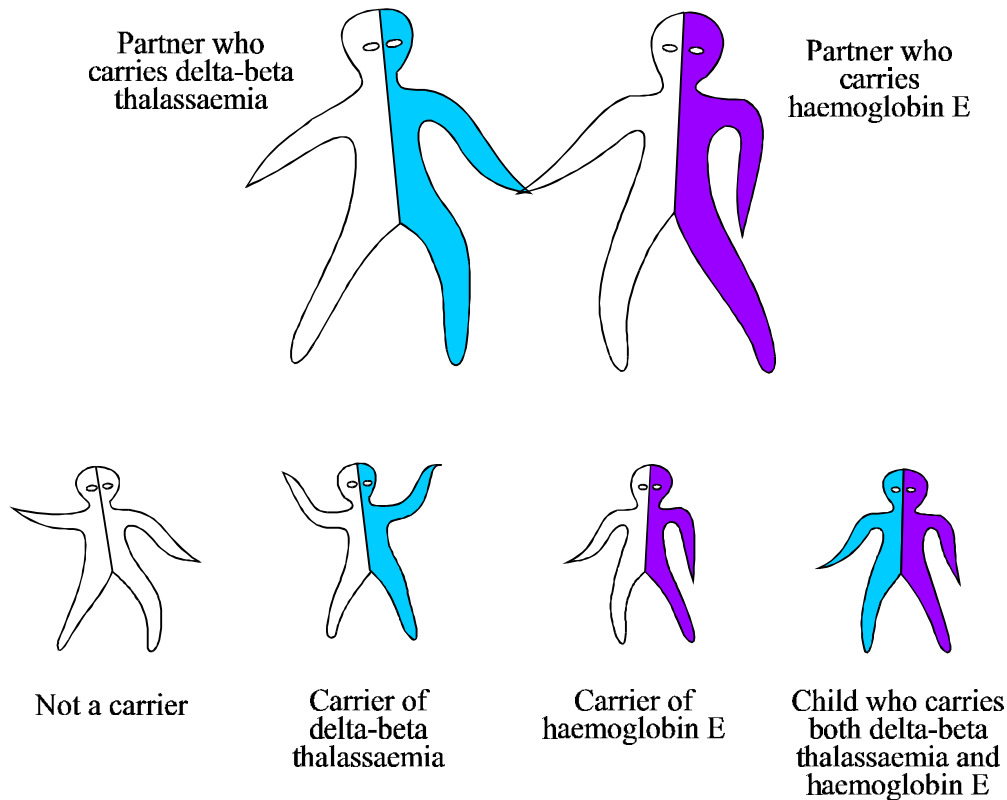


Implications for a Child when One Partner carries Delta-beta thalassaemia and the Other carries Haemoglobin E

This is an unusual combination that has not been reported in the literature. The following information is based on general experience with these types of thalassaemia, and available scientific knowledge.

This couple could have a child with **haemoglobin E/delta-beta thalassaemia**.



In each pregnancy, there are four possibilities.

- The child may not carry any haemoglobin disorder.
- The child may carry delta-beta thalassaemia. This is harmless.
- The child may carry haemoglobin E. This is harmless.
- The child may inherit delta-beta thalassaemia from one parent, and haemoglobin E from the other. This child would have an inherited anaemia called **haemoglobin E/delta-beta thalassaemia**.

In each pregnancy there is a 3 out of 4 chance of a healthy child, and a 1 out of 4 chance of child with haemoglobin E/delta-beta thalassaemia.

Haemoglobin E/delta-beta thalassaemia is a type of *haemoglobin E/beta thalassaemia*. Some people with haemoglobin E/beta thalassaemia are healthy all their life. Most are anaemic and need extra care. Some need a blood transfusion every month, for life. *Haemoglobin E/delta-beta thalassaemia* is very rare and it is not possible to describe it with confidence. Current scientific knowledge suggests that it is one of the mildest forms of haemoglobin E/beta thalassaemia.

We cannot reliably predict which couples could have children with severe or milder haemoglobin E/delta-beta thalassaemia.

It is possible to test a baby for Haemoglobin E/delta-beta thalassaemia early in pregnancy. This couple should see an expert counsellor in haemoglobin disorders to discuss their options. They should do this before starting a pregnancy, or as early in pregnancy as possible.

Counselling for haemoglobin disorders is provided in your area by: